### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

# RECEIVED

JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:    J. Grimbulas Strategic Solutions, LLC. (Name of partnership, firm or corporation)   III. Name of Client	Name of Lobbyist(s)	Jooi 1	Grimbilas	DEP	ARTMENT
III. Name of Client	Name of lobbyist's pa	rtnership, firm or	corporation, if any:		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on bel client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:    Movse	(Name of pa	rtnership, firm or corporati	on)		
Full name of candidate:  Full name of candidate:    Movse Chock	I. Name of Client			Date Jan. 2	16,2018
Amount of contribution \$ 250 Office Candidate is Seeking State  If the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost enter an estimated value and the word "estimate."  Full name of candidate: Feltes Dav.  (Last Name) (First Name) (Middle Name/ Amount of contribution \$ 100 Office Candidate is Seeking State  off the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual coefficient an estimated value and the word "estimate."	or each political contrib			pter 664 paid on behalf	of the
Full name of candidate:  Feltes  (Last Name)  Office Candidate is Seeking  Seeking  Seeking State  fithe contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution. If the actual cost of the in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution.	ull name of candidate:	Morse, (Last Name)	Chuck (First Name)	(Middle Name/Initia	al)
Full name of candidate:  Full name of contribution s an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual coenter an estimated value and the word "estimate."  Full name of candidate:  Full name of candidate:  Full name of contribution s 100 Office Candidate is Seeking State. If the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual coenter an estimated value and the word "estimate."	mount of contribution \$	250	Office Candidate	is Seeking State S	jerate.
(Last Name) (First Name) (Middle Name/Amount of contribution \$ 100 Office Candidate is Seeking State  If the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual coenter an estimated value and the word "estimate."  Full name of candidate: Woodburn Jeff	ctual cost of the in-kind con	ntribution on the line	above for amount of contrib		
Amount of contribution \$ 100 Office Candidate is Seeking State  f the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual contenter an estimated value and the word "estimate."  Full name of candidate:	ull name of candidate:	Feltcs (Last Name)	Dan- (First Name)	(Middle Name/Initia	al)
enter an estimated value and the word "estimate."  Full name of candidate:	mount of contribution \$	100			
	tual cost of the in-kind cor	ntribution on the line	above for amount of contrib		
(Last Name) (First Name) (Middle Name/	ull name of candidate:				
Amount of contribution \$ 100 Office Candidate is Seeking State			·	(Middle Name/Initia	

If the contribution is an in-kind contribution, provide a description of the goods actual cost of the in-kind contribution on the line above for amount of contribution enter an estimated value and the word "estimate."	or services provided, and enter the ion. If the actual cost is not known,
Chief an estimated value and the word estimate.	
(If more than three contributions were made, report additional contributions on separate	addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Signature of lobbyist)  Tooi Granbilas	1 - 2 6 - 18 (Date)
Tooi Grimbilas (Print Name of lobbyist)	

## STATE OF NEW HAMPSHIRE

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I. Name of Lobbyist(s)	Jooi Grin	nbilas	
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
J. Grimbil (Name of partn	us Strateo	jic Solutions	CLC
III. Name of Client			Date Jan. 24, 2018
Political Contributions For each political contribution client/lobbyist and lobbying			er 664 paid on behalf of the
A SECURITION OF THE PROPERTY O		***************************************	
Full name of candidate:	(Last Name)	Robert (First Name)	(Middle Name/Initial)
Amount of contribution \$	,	Office Candidate is	Seeking State Senate
	ibution on the line abov		or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:	Auna	Kevin	
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$	OD	Office Candidate is S	Seeking State Senate
	ibution on the line abov		or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:	INNIS	Dan	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	O60 C 4: 4	Seeking State Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		
(If more than three contributions were made, report additional contributions on separate addendum C forms.)		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.		
(Signature of lobbyist)  (Date)		
(Print Name of lobbyist)		
(Signature of lobbyist)  Tool Granbilas  (Print Name of lobbyist)  (Date)		



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I. Name of Lobbyist(s)	<u> </u>	rimbilas	
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	
J. Corimbil	us Struter ership, firm or corporation	gic Solutzon	s, LLC
III. Name of Client			Date Jan. 26, 2018
Political Contributions	ion that is reportable	e pursuant to RSA Chap	oter 664 paid on behalf of the
Full name of candidate:	(Last Name)	RJL (First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate i	s Seeking State Senate.
	ribution on the line ab		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			s Seeking
If the contribution is an in-kin	d contribution, provid- ribution on the line ab-	e a description of the good	ds or services provided, and enter the ution. If the actual cost is not known,
Eull name of and didate.			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	s Seeking

If the contribution is an in-kind contribution, provide a de actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional co	ontributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	•
Jodé Humhley	1) 24 18
(Signature of lobbyist)	(Date)
(Signature of lobbyist)  Jooi Grimbilus	
(Print Name of lobbyist)	